

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>JOHN GOEPEL</u> Print: <u>John Goepel</u> Sign: <u>John Goepel</u>	Street: <u>729 MONROE</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. <u>Bert R Goepel</u> Print: <u>Bert R Goepel</u> Sign: <u>Bert R Goepel</u>	Street: <u>1402 Main St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (1900) (262)
3. <u>Lorraine Goepel</u> Print: <u>Lorraine Goepel</u> Sign: <u>Lorraine Goepel</u>	Street: <u>729 Monroe</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (262)
4. <u>Richard J. Molter</u> Print: <u>Richard J. Molter</u> Sign: <u>Richard J. Molter</u>	Street: <u>6545 Mariner dr #6</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone (262)
5. <u>PAUL W. JARR</u> Print: <u>Paul W. Jarr</u> Sign: <u>Paul W. Jarr</u>	Street: <u>1400 Main St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone (262)

I, Robert R. Goepel, (certify): I reside at 1402 Main St Racine WI Racine
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Robert R. Goepel
(Signature of Circulator)

Page No. (Official Use Only)

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Return by
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PO Box 2
Madison,

Circulators,
Please include your

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>MAH DeBonis</u> Sign: <u>[Signature]</u>	Street: <u>4023 Goleys LN</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
2. Print: <u>mike DeBonis</u> Sign: <u>mike DeBonis</u>	Street: <u>4619 LORA ST</u> City: <u>RACINE WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>
3. Print: <u>Laurie Hardy</u> Sign: <u>[Signature]</u>	Street: <u>1434 Lombard Ave</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/17/2011</u> <small>(Month) (Day) (Year)</small>
4. Print: <u>Timothy J. DeBonis</u> Sign: <u>[Signature]</u>	Street: <u>2302 Rupert Blvd.</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>
5. Print: <u>ANNETTE HERMAN</u> Sign: <u>Annette Herman</u>	Street: <u>807 HAGER ST</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>

I, Sandra E. DeBonis (Printed Name of Circulator), (certify): I reside at 4619 Lora St. (Circulator's Residence - Street Name and Number) Racine WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Sandra E. DeBonis (Signature of Circulator)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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1. <u>Michelle Mortensen</u> Print: <u>Michelle Mortensen</u> Sign: <u>Michelle Mortensen</u>	Street: <u>3100 S Kennedy Dr</u> City: <u>Sturtevant</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Electors Phone Email
2. <u>Dianne Hanson</u> Print: <u>Dianne Hanson</u> Sign: <u>Dianne Hanson</u>	Street: <u>2620 Airline Rd</u> City: <u>Racine WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MT Pleasant</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Electors Phone Email
3. <u>Linda Gonzalez</u> Print: <u>Linda Gonzalez</u> Sign: <u>Linda Gonzalez</u>	Street: <u>2915 Carpenter Ave</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Electors Phone Email
4. <u>Sandra E. DeBonis</u> Print: <u>Sandra E. DeBonis</u> Sign: <u>Sandra E. DeBonis</u>	Street: <u>4619 Lora St.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Electors Phone Email
5. <u>Linda P. Callender</u> Print: <u>Linda P. Callender</u> Sign: <u>Linda P. Callender</u>	Street: <u>501 Island Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Electors Phone Email

Certification of Circulator

I, Sandra E. Debonis (certify): I reside at 4619 Lora St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

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1. Print: <u>Sandra R DeBonis</u> Sign: <u>Sandra R DeBonis</u>	Street: <u>5812 Sandview Ln</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(2</u>
2. Print: <u>JOHN M. DEBONIS</u> Sign: <u>John M DeBonis</u>	Street: <u>5812 SANDVIEW LN</u> City: <u>RACINE</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>CALEDONIA</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(2</u>
3. Print: <u>Gina DeBonis</u> Sign: <u>Gina DeBonis</u>	Street: <u>5812 Sandview Ln</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(2</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>

I, Sandra E. DeBonis (certify): I reside at 4619 Lora St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Racine WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Sandra E DeBonis
(Signature of Circulator)

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1. Lori Jameson	<i>Lori Jameson</i>	Street: 2807 Santa Fe Tr. City: Racine Zip: 53404	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Elizabeth Jameson	<i>Elizabeth Jameson</i>	Street: 3410 N. Green Bay Rd. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Donald O. Tobias	<i>Donald O. Tobias</i>	Street: 1726 Fireside Dr. City: Racine WI Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
4. Joan A. Rather	<i>Joan Rather</i>	Street: 4936 Flambeau Dr. City: Racine, WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Julie Rather	<i>Julie A. Rather</i>	Street: 4936 Flambeau Dr. City: Racine, WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

I, Katherine B. Carson (Name of Circulator), (certify): I reside at 6427 Norfolk Ln. Mt. Pleasant (Circulator's Residence - Street name and Number), Mt. Pleasant (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 26 2011
(Month) (Day) (Year)

Katherine B. Carson
(Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Sara Willing	<i>Sara Willing</i>	Street: 4240 N. Main St. Apt. 303 City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Emily Willing	<i>Emily Willing</i>	Street: 5027 Erie Street City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Susan Willing	<i>Susan M Willing</i>	Street: 5027 Erie Street City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Jamel Wilson	<i>Jamel Wilson</i>	Street: 3200 Erie St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Ann Marie Oberberger	<i>Ann Marie Oberberger</i>	Street: 4801 Lindemann Ave City: Racine 53406 Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Darlene Stratman (Name of Circulator), (certify): I reside at 1620 Lathrop Ave (Circulator's Residence - Street name and Number), Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/25/2011 (Month) (Day) (Year) *Darlene Stratman* (Signature of Circulator)

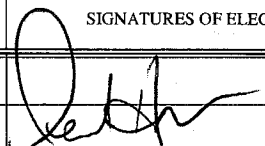
Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

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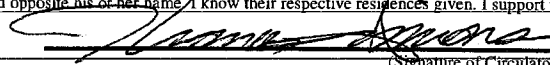
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DENNIS HEMMERT		Street: 1145 W. OREGON ST City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Thomas Simon (Name of Circulator), (certify): I reside at 8125 E. Red Pine Circle (Circulator's Residence - Street name and Number) MT Pleasant (Circulator Municipality) Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

11 (Month) 25 (Day) 2011 (Year)  (Signature of Circulator)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. SARA HOLM	<i>Sara Holm</i>	Street: 6900 Lone Elm Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/24/2011 <small>(Month) (Day) (Year)</small>
2. KURT KINARD	<i>Kurt Kinard</i>	Street: 3748 CHEYENNE CT City: RACINE Zip: 53404	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/25/2011 <small>(Month) (Day) (Year)</small>
3. JOANNE WALL	<i>Joanne M. Wall</i>	Street: 2801 SANTA FE TR City: RACINE Zip: 53404	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/25/2011 <small>(Month) (Day) (Year)</small>
4. TOLENE YOUNG	<i>Tolene Young</i>	Street: 1812 Green St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>
5. JORDAN OSBORNE	<i>Jordan Osborne</i>	Street: 1812 Green St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
6. KEVIN STEPHENS	<i>Kevin Stephens</i>	Street: 1010 WOLFF ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>
7. Jesalyn Stephens	<i>Jesalyn Stephens</i>	Street: 1010 Wolff St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Jesalyn Stephens, (certify): I reside at 1010 Wolff Street Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given to support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Jesalyn Stephens
(Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Markene Simanek	<i>Markene Simanek</i>	Street: 5524 Independence Rd City: Racine ^{MT Pleasant} Zip: 53406	<input checked="" type="checkbox"/> Town MT. Pleasant <input type="checkbox"/> Village <input type="checkbox"/> City	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone (262) _____
2. John Williams	<i>John Williams</i>	Street: 610 College Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
3. Susan Bobholz	<i>Susan Bobholz</i>	Street: 2828 Carpenter Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
4. Molly Wicksen	<i>Molly Wicksen</i>	Street: 8616 Buckingham Dr City: Sturtevant W Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
5. Richard Salben	<i>Richard Salben</i>	Street: 6529 Griffick City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
6. Brad Pirwitz	<i>Brad Pirwitz</i>	Street: 4501 W. 5 Mile Rd City: Calumet, WI Zip: 53108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
7. Jackie Morren	<i>Jackie Morren</i>	Street: 1302 William St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
8. C. Valerie Huckaker	<i>C. Valerie Huckaker</i>	Street: 3716 Contessa City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
9. R. Sattler	<i>R. Sattler</i>	Street: 1243 Laura Lane City: Kaukauna Zip: 53131	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Calumet	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____
10. Lashonda Anderson	<i>Lashonda Anderson</i>	Street: 906 Blake Ave City: Racine W Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone () _____

Certification of Circulator

I, Benjamin Kidd (Name of Circulator) (certify): I reside at 3009 Chatham St (Circulator's Residence - Street name and Number) City of Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Benjamin Kidd
(Signature of Circulator)

Page No. (Official Use Only)

000003

Circulators

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Ben Zimmer		Street: 9601 Durand Ave City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. STEVE HALL		Street: 3320 PIONEER DR City: FRANKSVILLE Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City FRANKSVILLE Franksville	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Deante Long		Street: 1900 Green St City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Ben Mikel		Street: 943 College Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Julie Lewandowski		Street: 3483 W 5 Mile City: Mequon Zip: 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Steven Mycon		Street: 1914 N. Main St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Athena Schroeder		Street: 908 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine BK	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Carly Thiel		Street: 2827 pinhurst Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. James Besterfeld		Street: 3517 Olympia Dr. City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Benjamin Kitz (Name of Circulator), (certify): I reside at 3009 Chatham St (Circulator's Residence - Street name and Number) City of Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1.	Jessie Metayer	<i>[Signature]</i>	Street: 2501 W. Crescent. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
2.	Bar Metayer	<i>[Signature]</i>	Street: 2501 W. Crescent City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
3.	Therese Muri	<i>[Signature]</i>	Street: 1459 Oxford Lane City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/24/2011 <small>(Month) (Day) (Year)</small>	
4.	Kathy Ruck	<i>[Signature]</i>	Street: 1405 Center St City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	11/24/2011 <small>(Month) (Day) (Year)</small>	
5.	Gabriel Salinas	<i>[Signature]</i>	Street: 2313 Shand Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
6.	Quatisha Pitt	<i>[Signature]</i>	Street: 1112 Grove City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
7.	Chris Benson	<i>[Signature]</i>	Street: 69 15 67th St City: Kenosha WI Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 <small>(Month) (Day) (Year)</small>	
8.	Catherine Sullivan	<i>[Signature]</i>	Street: 1725 Center Street City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
9.	Leanne Benson	<i>[Signature]</i>	Street: 1515 14th St City: Kenosha WI Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 <small>(Month) (Day) (Year)</small>	
10.	Mark Johnson	<i>[Signature]</i>	Street: 954 Superior St. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Allen Levy (Name of Circulator), (certify): I reside at 471 W 11th St (Circulator's Residence - Street name and Number), Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 24 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Offical Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. JOHANNA Amaya	<i>Johanna Amaya</i>	Street: 1421 PARK AV City: Racine, WI Zip: 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
2.	ALEX HERES	Street: 270 CHARLES ST City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
3. TABATHA CRUZ	<i>Tabatha Cruz</i>	Street: 1533 S Green Bay RD 203 City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
4. TILMON Williams	<i>Tilmon Williams</i>	Street: 3724 WRIGHT AVE City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
5. MIKE Halverson	<i>Mike Halverson</i>	Street: 1711 Spring Bl City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
6. TRAVIS DMUELLER	<i>Travis Mueller</i>	Street: 1459 OXFORD LANE City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
7. Kayla C. Parker	<i>Kayla C. Parker</i>	Street: 3215 WRIGHT AVE City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
8. KATHY VAUGHN BERTY	<i>Kathy Vaughn Berty</i>	Street: 2011 LATHROP AVE City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
9. LATONDA CURRY	<i>Latonda Curry</i>	Street: 1112 GRAVE WUP City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Aileen Leary, (certify): I reside at 421 William St Racine
(Name of Circulator) (Circulator's Residence—Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 24 / 2011
(Month) (Day) (Year)

Aileen Leary
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Amber Abramo	<i>Amber Abramo</i>	Street: 509 Decade Blvd City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Donna Grew	<i>Donna Grew</i>	Street: 6720 No. Chas. Ct City: Mt. Pleasant WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Paul Hanchett	<i>Paul Hanchett</i>	Street: 1638 Illinois St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Mary Dannelly	<i>Mary Dannelly</i>	Street: 225 Indiana St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Zenia Jones	<i>Zenia Jones</i>	Street: 1836 Mead St City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine S.A.	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Jennifer Jones	<i>Jennifer Jones</i>	Street: 5045 Bryant City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Chate G...	<i>Chate G...</i>	Street: 1920 Burgeat City: Racine WI Zip: 53401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Michelle Corona	<i>Michelle Corona</i>	Street: 1515 Cleveland Ave. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine S.A.	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Arturo Leo	<i>Arturo Leo</i>	Street: 420 3 Mile Rd #B2 City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine S.A.	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Alvin Lewis (Name of Circulator), (certify): I reside at 421 William St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/28 (Month) 120 (Day) 11 (Year)

Alvin Lewis (Signature of Circulator)

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NOT SUBMITTED

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Robert C. Meddy	<i>Robert C. Meddy</i>	Street: 1407 PARK AVE City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Elnora Cranston	<i>Elnora Cranston</i>	Street: 1844 1/2 Blake Ave. Zip: 53404 City: Racine St. Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Nakia Robinson	<i>Nakia R</i>	Street: 528-3 mile Rd #104 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Joan Rixe	<i>Joan Rixe</i>	Street: 2206 Virginia St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Willis Stans Richard	<i>Willis Stans Richard</i>	Street: 2049 CASE AVE City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Jasmine Cabille	<i>Jasmine Cabille</i>	Street: 1531 Phillips Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Handan M Handan	Handan M Handan	Street: 1854-22 AV Zip: 53410	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Raven BURKE	<i>Raven Burke</i>	Street: 5001 BYRD AVE Apt 105 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

I, Allen Levine, (certify): I reside at 401 William St Racine

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

Certification of Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/25/2011
(Month) (Day) (Year)

Allen Levine
(Signature of Circulator)

Page No. (Original Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <i>Erin Colon</i>	<i>[Signature]</i>	Street: <i>1440 Albee</i> City: <i>Racine</i> Zip: <i>53405</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Racine</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
2. <i>Hanna Gerson</i>	<i>[Signature]</i>	Street: <i>3743 15th St</i> City: <i>Kenosha WI</i> Zip: <i>53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
3. <i>Patty Cruziger</i>	<i>[Signature]</i>	Street: <i>728 Oregon St.</i> City: <i>Racine, WI</i> Zip: <i>53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
4. <i>Sheri Pauls</i>	<i>[Signature]</i>	Street: <i>8951 Maplecrest Dr</i> City: <i>Racine</i> Zip: <i>53106</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>North Pleasant</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
5. <i>Santana Cruz</i>	<i>[Signature]</i>	Street: <i>1311 Oakus Rd #7</i> City: <i>Racine WI</i> Zip: <i>53402</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>North Pleasant</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
6. <i>Jessica Hernandez</i>	<i>[Signature]</i>	Street: <i>6020 25th Ave</i> City: <i>Kenosha WI</i> Zip: <i>53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
7. <i>Hugh Thompson</i>	<i>[Signature]</i>	Street: <i>2532 N Fancher Rd</i> City: <i>Racine WI</i> Zip: <i>53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/25/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, *Aiken Lane*, (certify): I reside at *421 Wilbur St* *Racine*
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 *1* *25* *2011*
(Month) (Day) (Year)

[Signature]

(Signature of Circulator)

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 # **000016**

Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email Phone
1. NED Sorenson	NED Sorenson	Street: 1919 Durand City: Racine WI Zip: 53403	<input checked="" type="checkbox"/> Town MT Pleasant <input type="checkbox"/> Village <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)	
2. Michelle Johnson	Michelle Johnson	Street: 3818 Saratoga Ct City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)	
3. JAN ELZINGA	Jan Elzinga	Street: 2016 QUINCY City: Racine WI Zip: 53403	<input checked="" type="checkbox"/> Town Racine <input type="checkbox"/> Village <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)	
4. Maria CRUZ	Maria Cruz	Street: 2239 Racine St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT Pleasant <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)	
5. Debra C. Johnson	Debra C. Johnson	Street: 3601 Knealy CT City: MT Pleasant Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT Pleasant <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)	
6. Kim Porter	Kim Porter	Street: 1318 Kenwood Dr. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
7. DIANE MADDY	Diana Maddy	Street: PARK City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)	
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	

Certification of Circulator

I, Allen Leung (Name of Circulator), (certify): I reside at 401 Williams St (Circulator's Residence - Street name and Number), Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11/25/2011
(Month) (Day) (Year)

Allen Leung
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Doroth Agozo	<i>Doroth Agozo</i>	Street: 5939 Margery Dr #105 City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Samatha Easton	<i>Samatha Easton</i>	Street: 1913 West ST City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Balch Thomas	<i>Balch M. Thomas</i>	Street: 141 Main St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine WI	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Melanie Studey	<i>Melanie Studey</i>	Street: 2201 Kentucky ST City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Roberta Machado	<i>Roberta Machado</i>	Street: 1629 Rapids Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Juan Camacho	<i>Juan Camacho</i>	Street: 1658 North WI St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Matthew Strehlow	<i>Matthew Strehlow</i>	Street: 925 Hurst Dr #44 City: Mount Pleasant Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mount Pleasant	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, A/1/2 Lewis (certify): I reside at 421 William St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

A/1/2 Lewis
(Signature of Circulator)

11/24/2011
(Month) (Day) (Year)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1.		Street: 1712 Hamilton St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011	Phone ()
Amanda L. Angiano	Amanda L. Angiano	City: Racine, WI Zip: 53404		(Month) (Day) (Year)	
2.		Street: 3201 15th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	1/23/2012	Phone ()
Rosanne Mathe	Rosanne Mathe	City: Kenosha, WI Zip: 53141		(Month) (Day) (Year)	
3.		Street: 2724 KOSLINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011	Phone ()
Bonnie Will	Bonnie Will	City: Racine WI Zip: WI		(Month) (Day) (Year)	
4.		Street: 2907 Livingst	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011	Phone ()
George Heilmann	George Heilmann	City: Racine Zip: WI		(Month) (Day) (Year)	
5.		Street: 5143 Biscayne Ave Apt 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #1	11/24/2011	Phone ()
Ashley Vangelis	Ashley Vangelis	City: Racine WI Zip: 53406		(Month) (Day) (Year)	
6.		Street: 6720 Nichols	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #1	11/24/2011	Phone ()
Robert Souers	Robert Souers	City: Racine Zip: 53405		(Month) (Day) (Year)	
7.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	Phone ()
		City: Zip:		(Month) (Day) (Year)	
8.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	Phone ()
		City: Zip:		(Month) (Day) (Year)	
9.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	Phone ()
		City: Zip:		(Month) (Day) (Year)	
10.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	Phone ()
		City: Zip:		(Month) (Day) (Year)	

Certification of Circulator

I, Alice Lee (Name of Circulator), (certify): I reside at 421 William St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 24, 2011
(Month) (Day) (Year)

Alice Lee
(Signature of Circulator)

Page No. Official Use Only
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Alejandro Mares	<i>Alejandro Mares</i>	Street: 1841 Mead St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)	Email Phone
2. Tracy Leys	<i>Tracy Leys</i>	Street: 822 69 Ave City: Kenosha Zip: 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 (Month) (Day) (Year)	Email Phone
3. Ernest Spain	<i>Ernest Spain</i>	Street: 10112 Hamilton City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine AL	11/24/2011 (Month) (Day) (Year)	Email Phone
4. Aaron Vangelis	<i>Aaron Vangelis</i>	Street: 5147 Biscayne Ave City: Racine WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine AL	11/24/2011 (Month) (Day) (Year)	Email Phone
5. Brian J. Brav	<i>Bj Brav</i>	Street: 425 15th St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine AL	11/24/2011 (Month) (Day) (Year)	Email Phone
6. Tricia Huck	<i>P. Huck</i>	Street: 1408 10th Ave N P12 City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove AL	11/24/2011 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Allen Leiser, (certify): I reside at 421 William St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/24/2011
(Month) (Day) (Year)

Allen Leiser
(Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <i>Gay Miles</i>	<i>[Signature]</i>	Street: <i>320 Lakewood Cir</i> City: <i>Racine WI</i> Zip: <i>53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/24/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
2. <i>William P. Linden</i>	<i>William Linden</i>	Street: <i>6840 MARINER DR.</i> City: <i>MT. PLEASANT</i> Zip: <i>53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/25/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
3. <i>Linda Stoneburner</i>	<i>L Stoneburner</i>	Street: <i>2000 WASHINGTON AVE #101</i> City: <i>Racine WI</i> Zip: <i>53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/25/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
4. <i>Sandra E Kraft</i>	<i>Sandra E Kraft</i>	Street: <i>1430 WASHINGTON AVE #11</i> City: <i>Racine WI</i> Zip: <i>53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/25/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
5. <i>Elsa Olson</i>	<i>Elsa Olson</i>	Street: <i>3718 Republic Ave.</i> City: <i>Racine WI</i> Zip: <i>53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/25/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
6. <i>Ray Mathews</i>	<i>Ray Mathews</i>	Street: <i>5143 Biscayne Ave. #113</i> City: <i>Racine</i> Zip: <i>53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/25/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, *Allen Leung* (Name of Circulator), (certify): I reside at *421 W. 11th St* (Circulator's Residence - Street name and Number) *Racine* (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / *25* / *2011*
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.		Street: 3244 Hickory Grove City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
John A. Gonzalez	<i>John A. Gonzalez</i>				
2.		Street: 5207 MARLBORO DR City: RACINE WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
Cesar Angeles	<i>Cesar Angeles</i>				
3.		Street: 3340 Drexel AVE City: RACINE WI Zip: 53403	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
William J. Notile III	<i>William J. Notile III</i>				
4.		Street: 5311 DISCANT AVE City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
Anthony Wilkerson	<i>Anthony Wilkerson</i>				
5.		Street: 1313 Kenilworth Dr City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
Dan O'Brien	<i>Dan O'Brien</i>				
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Alfonso Lewis, (certify): I reside at 421 William St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Alfonso Lewis

(Signature of Circulator)

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Circulator

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1.	Demetrius Benven	10915 107TH ST #304	Kenosha	11/24/2011	Email Phone ()
2.	Antonie Reicin	2516 Geneva	Racine	11/24/2011	Email Phone (262)
3.	Pam Avery	1232 Valley View Dr	Racine WI	11/24/2011	Email Phone ()
4.	Heather Simon	4127 31 Ave	Kenosha	11/24/2011	Email Phone ()
5.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	Email Phone ()
6.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	Email Phone ()
7.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	Email Phone ()
8.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	Email Phone ()
9.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	Email Phone ()
10.		Street: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	Email Phone ()

Certification of Circulator

I, Allen Leif (Name of Circulator), (certify): I reside at 421 William St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 27 / 20
(Month) (Day) (Year)

Allen Leif
(Signature of Circulator)

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Circulators:

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1.	Erin Savage	<i>Erin Savage</i>	Street: 3515 54th Dr. City: Union Grove, WI Zip: 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Yorkville <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2.	Michaela Keiser	<i>Michaela Keiser</i>	Street: 6431 Lindsay Ln City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3.	Daryl D. Peterson	<i>Daryl D. Peterson</i>	Street: 3108 Gates Ct City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4.	Patricia A Meyer	<i>Patricia A Meyer</i>	Street: 2901 KEARNEY AVE City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
6.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Arlene Lemo, (certify): I reside at 421 Williams St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011 *Arlene Lemo*
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
 # 000024

Circulators, p

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. JULIA M GONZALES	[Signature]	Street: 3244 Hickory Grove City: Racine WI Zip: 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/25/2011 (Month) (Day) (Year)	Email Phone ()
2. SMIA OMETAS	[Signature]	Street: 3771 STH ST City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/27/2011 (Month) (Day) (Year)	Email Phone ()
3. SUSAN BARBER	[Signature]	Street: 1439 Meadow Ln City: Racine WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	Email Phone ()
4. LINAYA WIRTZ	[Signature]	Street: 2401 Prospect St City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	Email Phone ()
5. MAXINE SHANNON	[Signature]	Street: 2514 Oregon St City: RACINE WISC Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Allen Leivo (Name of Circulator), (certify): I reside at 421 W 11th St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 25 2011
(Month) (Day) (Year)

[Signature]

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators:

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jalenna Servantez	<i>Jalenna Servantez</i>	Street: 2011 Lathrop Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Amy Malate	<i>Amy Malate</i>	Street: 1734 State St City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Elizabeth Zonga	<i>Elizabeth Zonga</i>	Street: 1934 1/2 Racine St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Angelica Serrato	<i>Angelica Serrato</i>	Street: 1717 M. Pleasant St City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Shelly Johnson	<i>Shelly Johnson</i>	Street: 1198 Court St City: Lake Geneva Zip: 53147	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Lake Geneva	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. Lindsay Orlando	<i>Lindsay Orlando</i>	Street: 4335 Wilderness Dr City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. David Everson	<i>David Everson</i>	Street: 3743 15th St City: Kenosha Zip: 53140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	11/24/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Cesar Cruz, (certify): I reside at 2210 Geneva St (262) 931-3757 Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 24 / 2011
(Month) (Day) (Year)

Cesar Cruz
(Signature of Circulator)

Page No. (Print Only)
000028

Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email Phone
1. Carrie Kaminski	<i>Carrie Kaminski</i>	Street: 1639 Lincoln St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/31/2011 (Month) (Day) (Year)	
2. Jolene Koker	<i>Jolene A. Koker</i>	Street: 1510 Packard Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)	
3. Brandy C. Tillman	<i>Brandy C. Tillman</i>	Street: 1113 Park Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
4. Cynthia G. Maldonado	<i>Cynthia G. Maldonado</i>	Street: 2401 Gilson St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
5. Christine Neundorff	<i>Christine Neundorff</i>	Street: 3205 Olive St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
6. GEORGE ROCKETT	<i>George Rockett</i>	Street: 1430 Washington Ave #1 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
7. Josse Muniz	<i>Josse Muniz</i>	Street: 3205 Nobbhill Dr City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
8. JoNelle Linjer	<i>JoNelle Linjer</i>	Street: 2901 Blaine Ave City: Racine WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
9. KARIN K LAPLANTE	<i>Karin K. Laplante</i>	Street: 2721 Brentwood Drive City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	
10. DeAngelo Adams	<i>DeAngelo Adams</i>	Street: 2101 21st City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	

Certification of Circulator

I, Maurice Williams, (certify): I reside at 1611 Edgewood Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Maurice Williams
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. DIANE MUDRAK	<i>Diane Mudrak</i>	Street: 2435 Jerome Bl City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Joseph Cunningham	<i>Joe Cunningham</i>	Street: 812 English St City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Bessie Claybrook	<i>Bessie Claybrook</i>	Street: 2534 Maryland Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Gerald Peoples	<i>Gerald Peoples</i>	Street: 612 Wisconsin Ave Apt 41 City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Darlene Petri	<i>Darlene K. Petri</i>	Street: 3221 Kearney Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Jacqueline Newport	<i>Jacqueline Newport</i>	Street: 1916 Wisconsin Ave 304 City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Kate Edin	<i>KMEdin</i>	Street: 838 Balder tr #203 City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Robert T. Andrews	<i>Robert Andrews</i>	Street: 2425 Miller St 53403 City: Racine Zip: 5340	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. SHARON M. BORUP	<i>Sharon M. Borup</i>	Street: 2306 ROSALIND AVE City: RACINE Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Soan Willis	<i>Soan Willis</i>	Street: 3235 Vera Pl City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

1. Maurice Williams (Name of Circulator) (certify): I reside at 1611 Edgewood Ave (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Maurice Williams
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator

PH

PH

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1.		Street: 2717 Washington Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	
Victoria Sacgas	<i>Victoria Sacgas</i>	City: Racine Zip: 53405		(Month) (Day) (Year)	Phone
2.		Street: 3238 Kearney Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	
Tasha Scott	<i>Tasha Scott</i>	City: Racine Zip: 53403		(Month) (Day) (Year)	Phone
3.		Street: 2435 Jerome Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	
STEVEN R. MUDRAK	<i>Steven R. Mudrak</i>	City: Racine Zip: 53403		(Month) (Day) (Year)	Phone
4.		Street: 1337 Monroe Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	
Lucy Lee Cox	<i>Lucy Lee Cox</i>	City: Racine Zip: 53405		(Month) (Day) (Year)	Phone
5.		Street: 29130 1st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	
Mary M. Tapa	<i>Mary M. Tapa</i>	City: Racine Zip: 53403		(Month) (Day) (Year)	Phone
6.		Street: 2001 Kearney Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	
Rita Tye	<i>Rita Tye</i>	City: Racine WI Zip: 53402		(Month) (Day) (Year)	Phone
7.		Street: 2612 Blaine Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011	
Thomas Klotten	<i>Thomas Klotten</i>	City: Racine Zip: 53405		(Month) (Day) (Year)	Phone
8.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	
		City: Zip:		(Month) (Day) (Year)	Phone
9.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	
		City: Zip:		(Month) (Day) (Year)	Phone
10.		Street:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20	
		City: Zip:		(Month) (Day) (Year)	Phone

Certification of Circulator

I, Elliott Magers, (certify): I reside at 4522 N Morris Blvd Village Shorewood
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011 Elliott Magers
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#000329

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Warrenetta Packard</u>	<u>W.M. Packard</u>	Street: <u>2140 Sutton Dr</u> City: <u>RACINE WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/25/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2. <u>Elizabeth Wirtz</u>	<u>Elizabeth Wirtz</u>	Street: <u>2401 Prospect</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/25/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
3. <u>Mary O'Brien</u>	<u>Mary O'Brien</u>	Street: <u>1313 Kenilworth Ave</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MT Pleasant</u>	<u>11/25/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
4. <u>Bob Willis</u>	<u>Bob Willis</u>	Street: <u>3235 Vera Ct</u> City: <u>mt Pleasant</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>mt Pleasant</u>	<u>11/25/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
5. <u>Kandice Wiles</u>	<u>Kandice Wiles</u>	Street: <u>1308 Terrace Ave</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/25/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Elliott Magers, (certify): I reside at 4522 N Morris Village Shorewood
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Elliott Magers
(Signature of Circulator)

Page 000030
(Page Number)

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. PENNA C. McFadden	<i>Penna C. McFadden</i>	Street: 3245 Packer Dr. Apt 102 City: Racine WI Zip: 53404	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALIFORNIA	11/23/2011 (Month) (Day) (Year)	Email Phone
2. Lori Moran	<i>Lori Moran</i>	Street: 10613 Green Ridge City: Racine WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)	Email Phone
3. Robert Gaston	<i>Robert Gaston</i>	Street: 1567 Hermans Dr. City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)	Email Phone
4. Elizabeth Lewis	<i>Elizabeth Lewis</i>	Street: 700 Sheridan Rd City: Kenosha WI Zip: 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 (Month) (Day) (Year)	Email Phone
5. Brad Walsh	<i>Brad Walsh</i>	Street: 1515 14th Ave City: Kenosha WI Zip: 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 (Month) (Day) (Year)	Email Phone
6. Daniel Carbyl	<i>Daniel Carbyl</i>	Street: 419 10th St. City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)	Email Phone
7. Veronica Stevens	<i>Veronica Stevens</i>	Street: 1767 Franklin City: WI Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)	Email Phone
8. Sandra Cooper	<i>Sandra Cooper</i>	Street: 7011-32nd Ave City: Kenosha WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/24/2011 (Month) (Day) (Year)	Email Phone
9. Cynthia Hernandez	<i>Cynthia Hernandez</i>	Street: 1115 Carlisle Ave City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, BRITNEY WOODS (Name of Circulator), (certify): I reside at 5420 Wilkens Ave. Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 24, 2011
(Month) (Day) (Year)

Britney Woods
(Signature of Circulator)

Page No. (Official Use Only)

#-000031

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. COLITA SIMMONS	<i>[Signature]</i>	Street: 1743 Hill St City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
2. Jeshannah Robinson	<i>[Signature]</i>	Street: 737 Arthur Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
3. Billie Ray Johnson	<i>[Signature]</i>	Street: 2400 Kinzie City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
4. Beatrice Johnson	<i>[Signature]</i>	Street: 2400 KINZIE City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
5. Devon Masik	<i>[Signature]</i>	Street: 2711 Bate St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
6. Angela Kosterman	<i>[Signature]</i>	Street: 1543 Augusta St. City: Racine Zip: 53407	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
7. Maria Cruz	<i>[Signature]</i>	Street: 1802 Geneva St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
8. Trina Cruz	<i>[Signature]</i>	Street: 1828 Superior St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011	Email Phone
9. Charles Henning	<i>[Signature]</i>	Street: 15941 Durand Ave Lot 449 City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	11/25/2011	Email Phone
10. Wayne Chapman	<i>[Signature]</i>	Street: 15941 Durand Ave Lot 448 City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City YORKVILLE	11/25/2011	Email Phone

Certification of Circulator

I, Alan Hutton (Name of Circulator), (certify): I reside at 728 Bure Ave Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
#000032

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1.	Justin P. Gorelik	<i>Justin P. Gorelik</i>	Street: 811 Yout St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
2.	Nakia R. Herrington	<i>Nakia R. Herrington</i>	Street: 2040 Thurston Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
3.	George N. Adrian	<i>George N. Adrian</i>	Street: 3614 Kinzie Ave. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
4.	Tyson Willis	<i>Tyson Willis</i>	Street: 3612 Kinzie City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
5.	Alfredo Sandoval Flores	<i>Alfredo Sandoval Flores</i>	Street: 300 Cliff Ave. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
6.	David Rehrich	<i>David Rehrich</i>	Street: 810 Waters Edge Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caladorna	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
7.	Craig Halberstadt	<i>Craig Halberstadt</i>	Street: 623 Russet Street City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
8.	Kathleen H. Toman	<i>Kathleen H. Toman</i>	Street: 916 8th AVE City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
9.	Shereen Schmitt	<i>Shereen Schmitt</i>	Street: 1832 Ridge Ave. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()
10.	RANZY SIMMONS	<i>Ranzy Simmons</i>	Street: 1743 Hill St City: RACINE WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Phone ()

Certification of Circulator

I, Alan Huffman (Name of Circulator), (certify): I reside at 728 Bayview Ave Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Alan Huffman
(Signature of Circulator)

Page(s) (Print Use Only)
000033

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email Phone
1. Mary Mondan	<i>Mary Mondan</i>	Street: 6000 16th St Apt 201 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
2. Katie Jackson	<i>Katie Jackson</i>	Street: 1435 Indiana St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
3. Danielle Cloutier	<i>Danielle Cloutier</i>	Street: 5010 Sandy Lane City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>	
4. Stephen Harris	<i>Stephen Harris</i>	Street: 4219 Washington Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
5. Keith Doe	<i>Keith Doe</i>	Street: 7112 Lakeshore Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CALEDONIA	11/25/2011 <small>(Month) (Day) (Year)</small>	
6. Susanne M. Doe	<i>Susanne M. Doe</i>	Street: 7112 Lakeshore Dr City: Racine, Wis Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>	
7. Rafael Gonzalez	<i>Rafael Gonzalez</i>	Street: 2116 20th St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
8. Angelica Gonzalez	<i>Angelica Gonzalez</i>	Street: 2116 20th St City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
9. Eduardo Gonzalez Jr.	<i>Eduardo Gonzalez Jr.</i>	Street: 1024 Villa St. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
10. Maria F. Gonzalez	<i>Maria F. Gonzalez</i>	Street: 1024 Villa St. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Alan J Hutton (Name of Circulator), (certify): I reside at 728 Blue Ave (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011 (Month) (Day) (Year) Alan Hutton (Signature of Circulator)

Page No. 000034

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Evelyn Schneider	<i>Evelyn Schneider</i>	Street: 1506 Richard Av City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	
2. Louis D. Schneider	<i>Louis D. Schneider</i>	Street: 1506 RICHARD City: RACINE Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/25/2011 <small>(Month) (Day) (Year)</small>	
3. Wendy Senzig	<i>Wendy Senzig</i>	Street: 2916 Olive Street City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
4. Donna R. DeVoyt	<i>Donna R. DeVoyt</i>	Street: 2140 Kinzie Av City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
5. Ross A. DeVoyt	<i>RA DeVoyt</i>	Street: 2140 KINZIE City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
6. Ryan D. Konicek	<i>Ryan D. Konicek</i>	Street: 3030 90th St City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/25/2011 <small>(Month) (Day) (Year)</small>	
7. Beth Konicek	<i>Beth Konicek</i>	Street: 3030 90th St City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/25/2011 <small>(Month) (Day) (Year)</small>	
8. Suzanne Canady	<i>Suzanne Canady</i>	Street: 1 Ohio Street City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
9. Ruth Navis	<i>Ruth Navis</i>	Street: 1417 Lathrop City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	
10. Conway Grandy	<i>Conway Grandy</i>	Street: 7220 Kinzie Av City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/25/2011 <small>(Month) (Day) (Year)</small>	

I, Alan Hutton (Name of Circulator), (certify): I reside at 7228 Blaine Av Racine (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Alan Hutton
(Signature of Circulator)

Page No. (Official Use Only)
#000035

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeff Kosmala	<i>Jeff Kosmala</i>	Street: 5110 Terrace High City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/25/2011 (Month) (Day) (Year)
2. Diane Kosmala	<i>Diane Kosmala</i>	Street: 5110 Terrace High City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/25/2011 (Month) (Day) (Year)
3. Kevin Brown	<i>Kevin Brown</i>	Street: 1917 Taylor #204 (Ave) City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
4. Kathy Henning	<i>Kathy Henning</i>	Street: 15941 DuRand Ave. 40125 City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
5. Laura Covelli	<i>Laura Covelli</i>	Street: 5507 Marlboro Dr City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
6. ELIZABETH Poedke	<i>Elizabeth Poedke</i>	Street: UNION GROVE 53182 461 18th Ave City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/29/2011 (Month) (Day) (Year)
7. Debra Kaste	<i>Debra Kaste</i>	Street: 189-11th Avenue City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/29/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

I, Alan Hutton (Name of Circulator) (certify): I reside at 728 Baine Ave Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011 (Month) (Day) (Year)

Alan Hutton (Signature of Circulator)

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Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email Phone
1. Brad Thorndson		Street: 2712 Fleetwood Dr City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Heather Hult		Street: 2514 Green St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. James Hult		Street: 2514 Green St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Alan Hult, (certify): I reside at 728 Break Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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• # 000037

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural Address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.		Street: 9356 Old Spring St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/20/2011	Email
Becky Potts-Klingering	Becky Potts-Klingering	City: Racine Zip: 53406	MT. Pleasant	(Month) (Day) (Year)	Phone
2.		Street: 620 Hamilton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Tamara Hernandez	Tamara Hernandez	City: Racine, WI Zip: 53402	Racine	(Month) (Day) (Year)	Phone
3.		Street: 1210 S. WISCONSIN AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Cherie Andersen	Cherie Andersen	City: Racine, WI Zip: 53403	Racine	(Month) (Day) (Year)	Phone
4.		Street: 1335 Quincy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Carra Juliano	Carra Juliano	City: Racine Zip: 53405	Racine	(Month) (Day) (Year)	Phone
5.		Street: 1335 Quincy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Aaron Juliano	Aaron Juliano	City: Racine Zip: 53405	Racine	(Month) (Day) (Year)	Phone
6.		Street: 1325 Lathrop Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Tammy Gray	Tammy Gray	City: Racine Zip: 53405	Racine	(Month) (Day) (Year)	Phone
7.		Street: 1134 VILLA ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Chris Walker	Chris Walker	City: Racine Zip: 53403	Racine	(Month) (Day) (Year)	Phone
8.		Street: 2341 HANSEN AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
T. Soderlund	T. Soderlund	City: Racine WI Zip: 53401	Racine	(Month) (Day) (Year)	Phone
9.		Street: 626 OHIO ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/20/2011	Email
Mike Steinkopf	Mike Steinkopf	City: Racine WI Zip: 53405	Racine	(Month) (Day) (Year)	Phone
10.		Street: 110 7th St Apt #201	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/20/2011	Email
Fredrick Carter	Fredrick Carter	City: Racine Zip: 53403	Racine	(Month) (Day) (Year)	Phone

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Ave. Racine Calhoun (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Bobby LEECH	<i>Bobby Leech</i>	Street: 4205 21 st STREET City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/24/2011 (Month) (Day) (Year)
2. ROBERT LEECH	<i>Robert Leech</i>	Street: 4205 21 st STREET City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/29/2011 (Month) (Day) (Year)
3. ROSE MROZ	<i>Rose Mroz</i>	Street: 8917 Broadway Dr City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/24/2011 (Month) (Day) (Year)
4. Ashley Harding	<i>Ashley E. Harding</i>	Street: 2909 Indiana St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
5. MICHELLE LAMAR	<i>Michelle Lamar</i>	Street: 1021 ARTHUR AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)
6. Cheryl SIMMER	<i>Cheryl J</i>	Street: 619 W. 11th ST City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
7. Collette MARCIS	<i>Collette Marcis</i>	Street: 1637 Thursten City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)
8. VICKI MARCIS	<i>Vicki Marcis</i>	Street: 1637 Thursten City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
9. Debra TURNER	<i>Debra Turner</i>	Street: 1146 Racine ST City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
10. JUANITA SMITH	<i>Juanita Smith</i>	Street: 4801 GraceLand Dr City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine Caledonia
(Name of Circulator) (Circulator's Residence Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 20 11
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Evelyn Paige	<i>[Signature]</i>	Street: 1501 College Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/29/2011 <small>(Month) (Day) (Year)</small>	Phone ()
2. Chas Paige	<i>[Signature]</i>	Street: 1501 College Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone ()
3. Robin Diebik	<i>[Signature]</i>	Street: 2415 18th St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/29/2011 <small>(Month) (Day) (Year)</small>	Phone ()
4. Aida S. Ueguala	Aida L. Ueguala	Street: 1438 Park ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone ()
5. Janice Vega	Janice Vega	Street: 1438 park ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone ()
6. Antoinette James	Antoinette James	Street: 4219 WRIGHT AVE City: Racine WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/29/2011 <small>(Month) (Day) (Year)</small>	Phone ()
7. Marie Andersen	Marie Andersen	Street: 5003 King Ave City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone ()
8. Renee Wasinack	Renee Wasinack	Street: 1618 Johnson ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City Racine	11/29/2011 <small>(Month) (Day) (Year)</small>	Phone ()
9. Danielle Wasinack	Danielle Wasinack	Street: 1618 Johnson Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City Caledonia	11/20/2011 <small>(Month) (Day) (Year)</small>	Phone ()
10. Jim Poplawski	Jim Poplawski	Street: 1311 West Lawn City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/29/2011 <small>(Month) (Day) (Year)</small>	Phone ()

Certification of Circulator

I, Jeff Abel (Name of Circulator), (certify): I reside at 7233 Douglas Avenue (Circulator's Residence - Street name and Number) Racine Caledonia (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Louise Gross	<i>Louise Gross</i>	Street: 6611 Mariner Dr #6 City: Racine WI Zip: 52406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/22/2011 (Month) (Day) (Year)
2. Brett Kell	<i>Brett Kell</i>	Street: 6747 Explorer Dr. City: Mt. Pleasant WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	11/23/2011 (Month) (Day) (Year)
3. Michelle Saenz	<i>Michelle Saenz</i>	Street: 4411 ERIEST City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
4. Troy Larsen	<i>Troy Larsen</i>	Street: 111 Merrie Lane City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
5. Lisa Flores	<i>Lisa Flores</i>	Street: 1613 Holmes Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
6. Thor Thornton	<i>Thor Thornton</i>	Street: 13015 Bell rd. City: Racine Zip: 53108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
7. Rachel Freeman	<i>Rachel Freeman</i>	Street: 1435 Cleveland City: Racine WI Zip: 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)
8. Kimberly Ostrander	<i>Kimberly Ostrander</i>	Street: 6316-16th St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
9. Sergio Velazquez	<i>Sergio Velazquez</i>	Street: 1504 Russett St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
10. Marcia Zabel	<i>Marcia Zabel</i>	Street: 4922 Bluebird Ln City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Abel (Name of Circulator), (certify): I reside at 7233 Douglas Avenue (Circulator's Residence Street name and Number) Racine Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>KIM L. LEININGER</u>		Street: <u>6203 MIDDLE RD</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>CALEDONIA</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>TOM L. DEVINE</u>		Street: <u>9149 CUMBERLAND</u> City: <u>MOUNT PLEASANT</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MOUNT PLEASANT</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
3. <u>John E Campbell</u>		Street: <u>1019 Geneva St</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
4. <u>RYAN PAULETIC</u>		Street: <u>3432 BUCKINGHAM RD</u> City: <u>STURTEVANT</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>STURTEVANT</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
5. <u>Karela Burks</u>		Street: <u>1236 Grand Ave</u> City: <u>Racine WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
6. <u>Beth Scherer</u>		Street: <u>1126 Oregon St</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
7. <u>Latoya McCall</u>		Street: <u>1916 WEST HAVEN AVE</u> City: <u>RACINE WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
8. <u>Amanda Mora</u>		Street: <u>2318 KINZIP AVE</u> City: <u>RACINE WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
9. <u>Sandy Dykstra</u>		Street: <u>230 Wickham Blvd</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>
10. <u>Gabriel Simpson</u>		Street: <u>1514 OSTERGARD AVE</u> City: <u>RACINE</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, JEFF ABEL, (Name of Circulator), (certify): I reside at 7233 Douglas Avenue Racine Caledonia ⁹¹
(Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
 # 000042

Circulator
 Photo
 Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Yvonne Y. Kirby	<i>Yvonne Y. Kirby</i>	Street: 2831 Lincolnwood Dr City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)	Email Phone
2. Nancy Cooper	<i>Nancy Cooper</i>	Street: 10231 Virginia City: Racine WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)	Email Phone
3. Alfredo Ortiz	<i>Alfredo Ortiz</i>	Street: 4408 90th St City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/23/2011 (Month) (Day) (Year)	Email Phone
4. Michael A Saltzberry	<i>Michael A Saltzberry</i>	Street: 11327 HY-C City: STURTEVANT WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	11/23/2011 (Month) (Day) (Year)	Email Phone
5. Deborah Mason	<i>Deborah Mason</i>	Street: 2798 Chicory Rd. City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)	Email Phone
6. Tareeta Bunn	<i>Tareeta Bunn</i>	Street: 648 Holmes Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)	Email Phone
7. Rachel Shelly	<i>Rachel Shelly</i>	Street: 1029 Hayes Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)	Email Phone
8. Paul A Poole	<i>P. Poole</i>	Street: 1140 Packard Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)	Email Phone
9. Leola Wigg	<i>Leola Wigg</i>	Street: 2900 Drexel Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)	Email Phone
10. Johanna Wilson	<i>Johanna Wilson</i>	Street: 7205 Mariner Dr #9 City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/23/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine Caledonia
 (Name of Circulator) (Circulator's Residence Street name and Number) (Circulator Municipality)

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11 / 1 / 25 / 2011
 (Month) (Day) (Year)

Jeff Abel
 (Signature of Circulator)

Page No. (Official Use Only)

000043

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email Phone
1.	Logan C Tiller	<i>Logan C Tiller</i>	Street: 123 Ohio Street 92 City: Racine 92 Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine 92	11/21/2011 <small>(Month) (Day) (Year)</small>	
2.	Shawn Rainer	<i>Shawn Rainer</i>	Street: 1801 South Main Street 92 City: Racine 92 Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine 92	11/21/2011 <small>(Month) (Day) (Year)</small>	
3.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
4.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
5.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
6.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
7.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
8.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
9.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
10.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine Calumet 92
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 20 11
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

Page No. (Official Use Only)
 # 000001

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1.	Talesha Gardner	<i>Talesha Gardner</i>	Street: 3822 North Bay Dr. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone ()
2.	MATT BERLIN	<i>Matt Berlin</i>	Street: 114 PARK AVE City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone ()
3.	TARENCE GARY	<i>Tarence Gary</i>	Street: 2408 LACAD DR APT 107 City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone ()
4.	Carolina Villagran	<i>Carolina Villagran</i>	Street: 1419 Virginia St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone (26)
5.	Artavian Carr	<i>Artavian Carr</i>	Street: 1008 Villa St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone (2)
6.	ANTHONY APOLLONIO	<i>Anthony Apollonio</i>	Street: 2919 KEARNEY City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone (75)
7.	Sara Rangel	<i>Sara Rangel</i>	Street: 1529 WOLFP City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone (2)
8.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Phone ()
9.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Phone ()
10.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Phone ()

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine, Calcedonia St.
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

Page No. (Official Use Only)

000045

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Corey Coronado	<i>Corey Coronado</i>	Street: 56 Ohio St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Aimee K Coronado	<i>Aimee K Coronado</i>	Street: 56 Ohio St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Shaunika Wesley	<i>Shaunika Wesley</i>	Street: 1517 Indiana St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Patricia Wesley	<i>Patricia Wesley</i>	Street: 1517 Indiana St City: Racine WI Zip: WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Shonda Johnston	<i>Shonda Johnston</i>	Street: 1329 Monroe Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. Mary Cruz	<i>Mary Cruz</i>	Street: 1504 Owen Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. Jackie Visor	<i>Jackie Visor</i>	Street: 1509 92nd St Unit 20 City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
8. Rick Visor	<i>Rick Visor</i>	Street: 1509 92nd St Unit 80 City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine Calumet
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/25/2011
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

Page No. (Official Use Only)
000046

Circulators, please
 Phone
 Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email Phone
1.	Jodie Burdette	<i>[Signature]</i>	Street: 5138 Northwestern Ave City: Racine WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	
2.	Dontre McGraw	<i>[Signature]</i>	Street: 5513 Carriage Hill Dr. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	
3.	Lynda D Jackson	<i>[Signature]</i>	Street: 4417 Maryland Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	
4.	Peggy Ashken	<i>[Signature]</i>	Street: 1919 Durand Ave City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>	
5.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
6.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
7.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
8.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
9.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
10.			Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine Calumet
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

Page 000047
#

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Peggy O'Brien		Street: 2907 Blaine Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Armando Buena		Street: 5101 Wright Ave #23 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. David Stiemsm		Street: 2218 Kearney Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Jennifer Stiemsm		Street: 2218 Kearney Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Christopher Combs		Street: 1625 Quincy City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Nikko Robinson		Street: 1709 Warwick Way City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Wallace Brandies		Street: 1211 Larson St. City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Terica Parodi		Street: 2007 Harriet St. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. JAMES R. LEWIS		Street: 1005 ROOSEVELT AVE City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine, California (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 23 / 20 11 (Month) (Day) (Year)


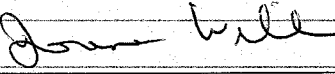
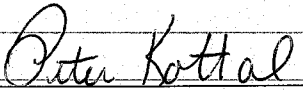
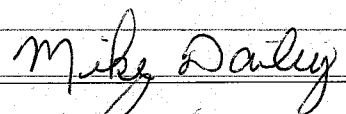
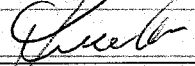
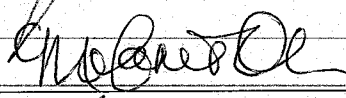
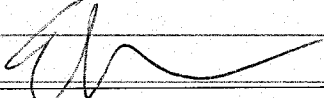
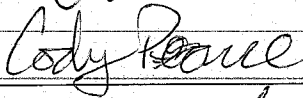
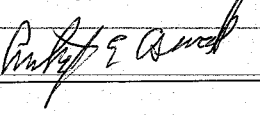
(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

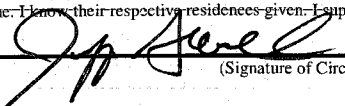
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Richard Plank		Street: 2838 James Blvd City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Joanne Williams		Street: 251 Indiana Street City: Mt Pleasant Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Peter Kottal		Street: 4227 N. Circle City: MT. PLEASANT Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City MT. PLEASANT	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Mike Dailey		Street: 325 Chicago St City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Vera Luis		Street: 1107 Monroe City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
6. Melanie Olson		Street: 1107 Monroe City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. Elizabeth Horvath		Street: 1300 Arthur City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
8. Cody Pearce		Street: 935 Blaine Ave. City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
9. Anthony Oswaldo		Street: 447 S Green Bay Rd City: Mt. Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/20/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Jeff Abel, (certify): I reside at 7233 Douglas Avenue Racine California 92409
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

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000049

Circulators, please

Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Emma Jean Koral	<i>Emma Jean Koral</i>	Street: 5101 Wright Ave. Apt. #39 City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
2. Debra Lynn Larson	<i>Debra Lynn Larson</i>	Street: 1405 WARWICK WAY City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
3. BOB ELIADES	<i>Bob Elia</i>	Street: 5906 SUNSET BLVD. City: RACINE WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 (Month) (Day) (Year)
4. Bill Medlin	<i>Bill Medlin</i>	Street: 10014 Camelot Dr City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MT Pleasant	11/20/2011 (Month) (Day) (Year)
5. Colleen Lembeck	<i>Colleen Lembeck</i>	Street: 3715 Haven Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Abel (Name of Circulator), (certify): I reside at 7233 Douglas Avenue (Circulator's Residence - Street name and Number) Racine Calcedonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Jeff Abel
(Signature of Circulator)

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Circulators, please
Phone
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Email